**Case Study: The Prochaska DiClemente Model of Change**

Name

Institution

Professor

Course

Due date

**ABSTRACT**

Prochaska and DiClemente's Processes of Change Model is a framework that describes five stages that people go through when they want to change problematic behaviors such as smoking, alcohol abuse, or drug addiction. The model also suggests some strategies and techniques that can help people move from one stage to another. (Prochaska, J.O., & DiClemente, C.C. (1982))

**The five steps of the model and how an addiction professional would intervene with a client at each stage**

Here are the first five steps of the model and how an addiction professional would intervene with a client at each stage:

(Prochaska, J.O., & DiClemente, C.C. (1982))

- **Preliminary Contemplation:**

At this stage, the client is not aware of the problem or does not want to change.

An addiction professional would try to increase the client's awareness of the negative consequences of the behavior and the benefits of change. A professional would use the 5Rs of a motivational intervention: relevance, risk, reward, obstacle, and repetition.

**- Contemplation:**

At this stage, the client is aware of the problem and thinking about change, but is still ambivalent.

An addiction professional would help the client weigh the pros and cons of the behavior and change and explore the reasons for and barriers to change. A professional would use motivational interviewing techniques such as open-ended questions, affirmations, reflections and summaries.

**- Preparation:**

At this stage, the client has decided to change and plans to do so.

An addiction professional would assist the client in setting realistic and specific goals, identifying resources and support, and developing coping skills. A professional would use behavioral strategies such as self-monitoring, stimulus control, and contingency management.

**- Action:**

In this phase, the client actively implements a change plan and modifies behavior.

The addiction professional would monitor the client's progress, provide feedback and encouragement, and help the client deal with any difficulties or temptations. A professional would use cognitive-behavioral techniques such as cognitive restructuring, problem solving, and relapse prevention.

**- Maintenance:**

At this stage, the client has achieved change and is trying to maintain it over time.

An addiction professional would help the client consolidate gains, prevent relapse, and cope with potential obstacles. A professional would use maintenance strategies such as strength sessions, social support and lifestyle changes.

**Challenges that an addiction specialist would address at each stage**

(Prochaska, J.O., Velicer, W.F., DiClemente, C.C., & Fava, J. (1988))

Some of the issues that an addiction specialist would face at each stage are:

**- Preliminary Contemplation:**

The client may be resistant, defensive or in denial about the problem. The professional may have to deal with external pressures such as family, friends or employers who want the client to change. The practitioner may need to balance the need to respect the client's autonomy and readiness with the need to protect the client's health and safety.

**- Contemplation:**

The client may be ambivalent, uncertain, or fearful of change. The professional may have to deal with the client's rationalizations, excuses, or minimization of the problem. The professional may need to avoid being judgmental, confrontational or persuasive and instead be empathetic, supportive and collaborative.

**- Preparation:**

The client may have unrealistic expectations for change, poor motivation or low self-efficacy. The professional may have to deal with the client's lack of knowledge, skills or resources for change. The practitioner may need to help the client overcome any obstacles or challenges that may interfere with the change plan.

**- Action:**

The client may face difficulties, temptations or relapses during the process of change. The professional may have to deal with the client's frustration, disappointment or guilt if the change does not go as planned. The professional may need to help the client cope with the physical, psychological or social consequences of the change.

**- Maintenance:**

The client may be happy with the change, bored or overconfident. The professional may have to deal with the client's exposure to high-risk situations, triggers, or stimuli that may provoke old behaviors. The practitioner may need to help the client maintain motivation, commitment, and vigilance for change.

**Conclusion**

According to Prochasky and DiClement's model, behavior change is not a simple or single phenomenon, but a complex and iterative process that requires different elements and methods. (Prochaska, J.O., Velicer, W.F., DiClemente, C.C., & Fava, J. (1988)) The model recommends that interventions be tailored to the person's level of change and willingness to change. The model also emphasizes the importance of self-confidence, pros and cons, and external assistance in achieving and sustaining behavior change.

**References**

Prochaska, J. O., Velicer, W. F., DiClemente, C. C., & Fava, J. (1988). Processes of change measurement: applications to smoking cessation. *Journal of Counseling and Clinical*  *Psychology*, 56(4), 520.

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 27